

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S. Z.		06-18-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AK	931	07/10/01
RESPONSE FORMALITY REVIEW	A M	TC 580	10-30-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 12/2/02
2	✓ 10/14/02
3	✓ 6/10/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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3-4/931

250-10-01  
10-30-01